



2017 Open Enrollment

Health Insurance and Employee Benefits

October 10, 2016 – November 4, 2016

Dear Employee,

Attached is a copy of the 2017 Open Enrollment Booklet. There are a few changes to the City benefit plans that may affect you, so please be sure to read the entire booklet. A few changes for 2017 are highlighted below:

- **CHANGES TO POLICE AND FIRE HEALTH PREMIUMS AND HEALTH PLANS:** Fire employees hired by the City before 4/27/16 will see a premium increase from a 5% employee share to a 7.5% employee share. Fire employees hired after 4/27/16 and Police employees hired after 9/8/16 will be moved to the same premium and health plan as CODE, AFSCME, and Non-Represented effective 1/1/17. Please see **Page 4** for additional details.
- **LIFE INSURANCE & LONG TERM DISABILITY** is once again electronic enrollment ONLY. AFSCME, CODE, Non-Represented, and Building Trade employees can review coverages, update beneficiaries, change smoking status, or elect increased or decreased coverage by logging on <https://enroll.thehartfordatwork.com/Enroll/login.aspx>. Please see **Page 2** for details on your user name and password.
 - **SMOKING STATUS:** In accordance with insurance industry practice, a spouse's smoking status will now ***default to be the same as the employee's smoking status***.
 - **DEPENDENT LIFE INSURANCE:** To mirror the Affordable Care Act, employees can now purchase dependent life insurance for those children up to age 26, regardless of student status. If you have previously removed a child from dependent life, **please note that you can re-enroll them without medical approval by logging into BenSelect**.
- **ANTHEM EMERGENCY ROOM:** Effective 1/1/17, your Anthem insurance may NOT cover services provided at the ER for adults and dependents over age 14 that do NOT require emergency care. The hope is to curtail misuse of ER services for non-emergency treatment of minor ailments. Please call your doctor/EHS, go to the nearest urgent care, or use LiveHealthOnline, Anthem's 24/7 online physician service, for non-emergency health needs.
- **HEALTHY LIFESTYLES:** Employees now **MUST be enrolled in either the Anthem plan or the HRA** to be eligible to earn or collect Healthy Lifestyle incentives.
- **URGENT CARE:** Don't forget that you can now go to EHS for non-work related urgent care visits at **NO COST TO YOU**. Get more information or call EHS to make an appointment at 352-1990. As always, please call 911 in the case of an emergency.
- **DEPENDENT ELIGIBILITY AUDIT:** The City will once again be conducting a dependent eligibility audit in 2017 for spousal health care benefits. Please make sure you have your supporting documentation ready. Please see examples at the bottom of **Page 3**.

If you have any questions, feel free to contact the Risk Management Office at 352-2418.

Thank you,

Deb Allison
Risk Manager

IN THIS OPEN ENROLLMENT PACKET

Open Enrollment Instructions	2
Eligibility and Supporting Documentation	3
Benefits at a Glance	4
Health Reimbursement Arrangement (HRA)	5
Medical Insurance	6
Flexible Spending Accounts	9
Dental Insurance	11
Vision Insurance	12
Life and Long-Term Disability Insurance	13
Healthy Lifestyles	14
Anthem Resources	15
Contact Information	16
Forms & Notices	17

OPEN ENROLLMENT INSTRUCTIONS

Open Enrollment is the time of year when you are able to make changes to the insurance coverage(s) you have through the City of Cincinnati. During this time, you can enroll, drop coverage or add/drop dependents for January 1st. If you want to make changes, now is your opportunity to do so. The only time to make changes outside of this period is if you experience a qualifying life event. Qualifying life events include:

- Adoption
- Divorce
- Custody
- Birth
- Death
- Marriage
- Change in equal partner status
- Change in dependent disability
- Change in other coverage

If you experience a qualifying life event outside of the open enrollment period and want to change your benefits, you must notify Risk Management within 30 days of the event. For questions about qualifying life events, please contact Risk Management at 352-2566.

Medical, Dental and Vision

If you need to enroll in, or make changes to current coverage, you must complete the [Health Insurance Form](#). **If you are not making any changes, you do not have to complete a form.**

**DUE
NOV. 4th**

If you are waiving current coverage, you must complete the [Health Insurance Waiver](#). If you are continuing to waive coverage, you must also complete a form. **Health Insurance Waivers must be completed every year.**

Forms must be submitted to:

City of Cincinnati – Risk Management
Two Centennial Plaza
805 Central Avenue, Suite 100
Cincinnati, OH 45202-1983

Flexible Spending Accounts (FSA)

REMEMBER! The IRS requires you to enroll in flexible spending accounts **every year**. Your 2016 health & dependent care flexible spending account elections **will not** roll over to 2017.

This includes
Dependent Care and
Health Care flexible
spending accounts.

Click here to [enroll](#).

**DUE
NOV.
4th**

Life Insurance and Long-Term Disability (LTD)

For AFSCME, CODE, Building Trades, and Non-Represented employees who wish to enroll in the voluntary life and long-term disability plans, you must use The Hartford's online enrollment website, called BenSelect. Instructions for accessing the site are shown below. Those currently enrolled are encouraged to log on to the site and review your elections, even if you are not making a change. More information on the Life and LTD plans can be found on **Page 13** of this brochure.

Website: <https://enroll.thehartfordatwork.com/Enroll/>

Log In ID: the first letter of your first name and the first letter of your last name followed by the last four digits of your social security number.

PIN: Use the first letter of your first name and the first letter of your last name followed by your eight-digit date of birth (MMDDYYYY).

TIPS: The log in is case sensitive and you should only use lower case letters. **Do not use Internet Explorer** to enroll through BenSelect. Use CHROME, FIREFOX, SAFARI or MOZILLA browsers.

John Smith
SSN: 302654321
DOB: August 1, 1963

Log In	js4321
Pin	js08011963

ELIGIBILITY & SUPPORTING DOCUMENTS

Employee & Family Eligibility



EMPLOYEES: Full time employees working 30 hours or more per week are eligible for the benefits outlined in this brochure.

SPOUSE/EQUAL PARTNER: If you elect coverage for yourself, you may also elect coverage for your spouse/equal partner. Equal partners may be same sex or opposite sex. You will pay additional taxes to include your equal partner on the medical plan. See **pages 7-8** for details.

CHILDREN: If you elect coverage for yourself, you may also elect coverage for your children. Dependent children are your and your spouse/equal partner’s natural children, adopted children, step-children, children covered by a Qualified Medical Child Support Order, and children for whom you have legal guardianship. The dependent age limit varies by plan and is displayed in the chart to the right.

DISABLED CHILDREN: If your child is disabled or becomes disabled, they may be eligible for continued coverage, regardless of age. You **MUST** submit the Application for Continuation of Coverage to Anthem, before the child turns 26 . Contact Risk Management for the form or with any questions.

A NOTE ABOUT OTHER INSURANCE: If anyone covered under your City plan is also covered under another insurance plan (including Medicare), you are required to report it to Anthem. Call Anthem at 1-800-887-6055 or refer to the [Medicare Secondary Payer – Employee Status Form](#).

Child Eligibility by Plan	
Medical	Up to 26 or 28*
Dental	Up to 19, or 24 if a full-time student or tax dependent
Vision	
Child Life Insurance	Up to 26
*See Extension of Dependent Coverage (below)	

Extension of Dependent Coverage

Dependent children are eligible for medical and prescription coverage through the end of the month they turn 26, regardless of student status, marital status or place of residence.

Dependent children age 26-28 who are: unmarried; a resident of the State of Ohio or a full-time student at an institution of higher learning; not employed by an employer that offers any health benefit plan under which the dependent is eligible for coverage; and is not eligible for coverage under Medicaid or Medicare , are eligible for coverage under the City of Cincinnati’s plan for an additional cost (\$333.20/month). Supporting documentation is required to determine eligibility. You must complete the [Extension of Dependent Coverage](#) form. (This is not the same as Disabled Child status. Please see above.)

Supporting Documentation to be Provided Upon Enrollment



SPOUSE: You must submit a copy of a state issued marriage certificate. If you have been married for more than a year, you must also submit proof of financial interdependence; such as a copy of the front page of your most recent tax return or bank statement (with dollar amounts and account information marked out).

EQUAL PARTNER: You must submit a notarized copy of the [Affidavit of Declaration of Financial Interdependence](#) with supporting documentation (see Affidavit for examples).

CHILDREN: You must provide the social security number and a copy of the birth certificate. If adopted or if you have legal guardianship, copies of court papers are required.

BENEFITS AT A GLANCE*

		Council Members	Non-Represented and CODE	AFSCME	Building Trades	Police		Fire	
Medical & Prescription	Carriers	Anthem & Optum	Anthem & Optum	Anthem & Optum	Anthem & Optum	Anthem & Optum		Anthem & Optum	
	Monthly Premium	Single: \$0.00 Family: \$808.75	Single: \$49.44 Family: \$137.00	Single: \$49.44 Family: \$137.00	Single: \$24.72 Family: \$68.50	Hired Pre 9/8/16 Single: \$24.72 Family: \$68.50	Hired Post 9/8/16 Single: 49.44 Family: \$137	Hired Pre 4/27/16 Single: \$34.80 Family: \$103.78	Hired Post 4/27/16 Single: 49.44 Family: \$137
Health Reimbursement Arrangement (HRA)	Carrier	J & K Consulting: coc.jandkcons.com , 877-872-4232 or CinciHRA@JandKcons.com							
	Monthly Premium	N/A							
Dental	Carrier	Guardian	Guardian	AFSCME Union	Guardian	FOP Union		Anthem Dental	
	Monthly Premium	Single: \$0.00 Family: \$0.00	Single: \$0.00 Family: \$0.00	N/A	Single: \$0.00 Family: \$0.00	N/A		Single: \$9.32 Family: \$9.32	
Vision	Carrier	EyeMed	EyeMed	AFSCME Union	EyeMed	FOP Union		EyeMed	
	Monthly Premium	Single: \$0.00 Family: \$0.00	Single: \$0.00 Family: \$0.00	N/A	Single: \$0.00 Family: \$0.00	N/A		Single: \$0.00 Family: \$0.00	
FSA	Carrier	Custom Design Benefits: www.customdesignbenefits.com or 513-598-2929							
	FSA Types	Health & Dependent Care	Health & Dependent Care, TERA	Health & Dependent Care	Health & Dependent Care	Health & Dependent Care		Health & Dependent Care	

*All rates and coverage are subject to collective bargaining agreements

HRA FOR MEDICAL EXPENSES

(Integrated Health Reimbursement Arrangement)



What is the HRA?

The HRA is a voluntary program available to all employees and dependents who are currently enrolled in the City's health insurance plan. The employee and dependents, if applicable, enroll in alternate group health coverage, such as through a spouse/equal partner's employer. The HRA reimburses out of pocket expenses related to your alternate group plan including the difference in premiums for the alternate group coverage. Out of pocket expenses are reimbursed up to a cap of \$5,000 for single enrollment and up to \$10,000 for family enrollment.

Eligibility and Enrollment

The employee must enroll in an alternate group healthcare plan, such as their spouse/equal partner's employer's group health plan, to be eligible for the HRA. Only employees, spouses, equal partners, and dependents currently in the City's Anthem 80/20 health plan are eligible for enrollment and reimbursement under the HRA. If you are already enrolled in the HRA, you do not have to complete this paperwork. Use the [Flow Chart](#) to help determine if you are eligible.

Once you enroll in the HRA, you can switch back to the City's healthcare plan in the case of a "Qualifying Life Event" or at the next Open Enrollment period. A "Qualifying Life Event" is birth, death, marriage, divorce, custody, change in equal partner status, change in dependent disability, change in other coverage, etc...

To enroll you must:

1. Complete the [HRA Enrollment Form](#);
2. Complete the [HRA Attestation Form](#) with a statement of premium cost from your alternate health plan. Enrollment in the HRA waives your participation in the City's 80/20 Anthem plan; and
3. Submit the HRA Enrollment and Attestation forms to Risk Management, 805 Central Avenue, Suite 100, Cincinnati, Ohio 45202; or Phyliss.Ward@Cincinnati-oh.gov; or fax to 513-352-3761

What is Covered by the HRA Reimbursements?

You can be reimbursed up to a cap of \$5,000 for single enrollment and up to \$10,000 for family enrollment for out-of-pocket medical expenses, defined as co-payments, co-insurance, deductibles, and the difference in premium costs. Dental & Vision are NOT included under the HRA. If you waive the City's health insurance (medical and pharmacy) you will remain enrolled in the same city or union sponsored dental and vision plans in which you are currently enrolled. [Refer to the Summary of Benefits and Coverage for the Integrated HRA for more details.](#)

How does the HRA work?

At most medical providers and pharmacies, you will be able to present your HRA ID Card AFTER you present your alternate plan's insurance card, and your out of pocket charges will be paid directly by J&K to the provider. No claims, receipts, or EOBs need to be submitted separately when the ID card is used. (**Please note** at this time the ID card cannot be utilized at CVS, Walgreens or Mail-Order Pharmacies. [Paper claims](#) must be submitted for these expenses, along with appropriate documentation.)

Questions?

Contact the City's HRA Administrator, J&K Consultants, at coc.jandkcons.com, 877-872-4232 or CinciHRA@JandKcons.com for assistance with any eligibility, reimbursement or enrollment questions.

MEDICAL INSURANCE

The City's 80/20 Plan is offered to all full time City of Cincinnati employees. The 80/20 medical plan is administered by Anthem. The prescription plan is administered by OptumRx. If you are currently enrolled in City's 80/20 plan and you have had no changes in family status, you do not need to do anything. Your insurance will continue and the rate identified on Page 4 will be deducted from your paycheck monthly.



MEMBER SERVICES

- Call 1-800-887-6055
- Have your member ID ready
- Provide location you would like to search

GO ONLINE

- Log in to your Anthem account at www.anthem.com
- Select FIND A DOCTOR
- Select a type of provider, place or name
- Enter your location
- SEARCH

USE THE MOBILE APP

- Download the mobile app by searching "Anthem Blue Cross and Blue Shield" in the [App Store](#) or [Google Play store](#)



Preventive Care Corner

Wellness visits (i.e. annual routine physicals, mammograms, vision exams, etc.) are covered at 100% - and are not subject to the out-of-pocket maximum. Contact Anthem for full details



MEMBER SERVICES

- Call 1-855-385-9357
- Have your member ID ready
- Provide location you would like to search

GO ONLINE

- Log in to your Optum account at www.optumrx.com

SPECIALTY PHARMACY

- Contact Brivoa Specialty Pharmacy at www.BrivoaRx.com or 855-4BRIOVA (855-427-4682)

USE THE MOBILE APP

- Download the mobile app by searching "OptumRx" in the [App Store](#) or [Google Play store](#)



MEDICAL INSURANCE*

The City of Cincinnati offers medical insurance through Anthem and prescription coverage through OptumRx. Below is a brief summary of the benefits and the corresponding premium. Please note that this is a summary of your medical plan. For detailed information please review the [Summary of Benefits and Coverage](#).

Building Trades, Police hired before 9/8/16, and Fire hired before 4/27/16

	Network	Non-Network
Deductible	\$300 Single \$600 Family	\$600 Single \$1,200 Family
Coinsurance	20%	50%
Out of Pocket Maximum	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Rx Drugs (Generic/Brand/Non-preferred Brand) Retail 30-day supply Mail Order 90-day supply	\$10/\$20/\$30 \$20/\$40/\$60	Not covered

Monthly Premium		
	Police (hired before 9/8/16) & Building Trades	Fire (hired before 4/27/16)
Single	\$24.72	\$34.80
Family	\$68.50	\$103.79

Equal Partner Tax Implication

The Internal Revenue Service (IRS) does not recognize an equal partner as a tax exempt dependent; therefore the health insurance is viewed as a fringe benefit and must be declared by the employee for tax purposes. The monthly value of the fringe benefit is shown in the chart to the right. The tax on the fringe benefit value will be deducted from the employee's paycheck on a bi-weekly basis.

2017 Monthly Taxable Fringe Benefit Values for Equal Partners			
	Building Trades	Fire (hired before 4/27/16)	Police (hired before 9/8/16)
Employee + Equal Partner	\$455.24	\$438.66	\$420.24
Employee + Equal Partner's Child(ren)	\$255.63	\$224.96	\$234.63
Employee + Equal Partner + Employee's Child(ren)	\$472.75	\$455.38	\$437.75
Employee + Equal Partner + Equal Partner's Child(ren)	\$945.69	\$905.99	\$876.10
Employee + Equal Partner + Employee's Child(ren) & Equal Partner's Child(ren)	\$763.41	\$713.21	\$707.41

*All rates and coverage are subject to collective bargaining agreements

MEDICAL INSURANCE*

Council Members, Non-Represented, CODE, AFSCME, Police hired after 9/8/16, and Fire hired after 4/27/16

	Network	Non-Network
Deductible	\$500 Single \$1,000 Family	\$1,000 Single \$2,000 Family
Coinsurance	20%	50%
Out of Pocket Maximum	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Rx Drugs (Generic/Brand/Non-preferred Brand) Retail 30-day supply Mail Order 90-day supply	\$10/\$20/\$30 \$20/\$40/\$60	Not covered

Monthly Premium		
	Council Members	Non-Represented, CODE, AFSCME, Police (hired after 9/8/16), and Fire (hired after 4/27/16)
Single	\$0.00	\$49.44
Family	\$808.75	\$137.00

Equal Partner Tax Implication

The Internal Revenue Service (IRS) does not recognize an equal partner as a tax exempt dependent; therefore the health insurance is viewed as a fringe benefit and must be declared by the employee for tax purposes. The monthly value of the fringe benefit is shown in the chart to the right. The tax on the fringe benefit value will be deducted from the employee's paycheck on a bi-weekly basis.

2017 Monthly Taxable Fringe Benefit Values for Equal Partners				
	Non-Represented & CODE	AFSCME	Fire (hired after 4/27/16)	Police (hired after 9/8/16)
Employee + Equal Partner	\$411.46	\$376.46	\$420.09	\$376.46
Employee + Equal Partner's Child(ren)	\$211.85	\$190.85	\$224.96	\$190.85
Employee + Equal Partner + Employee's Child(ren)	\$446.48	\$411.48	\$447.18	\$411.48
Employee + Equal Partner + Equal Partner's Child(ren)	\$901.91	\$832.32	\$887.42	\$832.32
Employee + Equal Partner + Employee's Child(ren) & Equal Partner's Child(ren)	\$728.38	\$672.38	\$718.39	\$672.38

*All rates and coverage are subject to collective bargaining agreements

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a city-sponsored savings account that allows you to save money for certain qualified expenses on a tax-free basis. The City offers three types of Flexible Spending Accounts through Custom Design Benefits— Medical, Dependent Care and Transportation. You can use FSA funds to pay for your qualified medical, dependent care or transportation expenses, depending on which FSA you select.

How it works: Estimate your out-of-pocket expenses for the 2017 plan year; then, select the amount that you want to deposit in your FSA based on your estimated expenses. Throughout the year, your election will be deducted from your paycheck on a pre-tax basis.

The IRS determines what types of expenses are allowed. This list changes, so it is important that you check current lists to determine eligibility at www.irs.gov.

USE IT OR LOSE IT! The IRS does not allow funds from your current Medical & Dependent Care FSA plan year to roll over to a future plan year. Any funds left over after the March 31st deadline will be forfeited. Estimate conservatively.

Medical FSA

The Medical FSA allows you to save money for certain qualified health care expenses including, but not limited to health, prescription, dental, and vision out-of-pocket expenses for you and your dependents.



You can access the funds beginning 1/1/17, using the debit card that will be mailed to you when you open the account. **You will only receive a new debit card if you are enrolling for the first time or your card has expired.** Remember, you may need to submit receipts to Custom Design Benefits for certain debit card purchases. This can be done easily through their mobile app for [iPhone](#) or [Android](#).

The IRS limits the amount you can contribute to a medical FSA. **The 2017 contribution limit is \$2,550.** Contributions made during 2017 must be used for health care expenses incurred between January 1, 2017 – March 15, 2018. Claims must be submitted for reimbursement no later than March 31, 2018. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment. You have 90 days from your last date of employment (but not after 3/15/18) to submit claims for expenses.

Remember, you must re-enroll every year! Click here to [enroll](#).

Transportation Expense Reimbursement Account (CODE and Management Only)

A Transportation Expense Reimbursement Account (TERA) can be used to reimburse expenses related to traveling to and from work and for parking while at work. A TERA cannot be used if you have a payroll deduction for a parking lot or garage.

The 2017 contribution limit is \$3,060 **for parking or transit expenses.**

There are no carry-over limits for the TERA and members can enroll, cancel or change elections at any time during the plan year.

Click here to [enroll](#).

FLEXIBLE SPENDING ACCOUNTS

Dependent Care FSA

A Dependent Care FSA (DCFSA) allows you to set aside pre-tax dollars from your salary to pay for child care expenses so that you can go to work. The child care provider's Tax ID or Social Security Number is required for reimbursement.

When you enroll, you choose the amount you wish to contribute for the coming year. The IRS limits the amount that you can contribute to the DCFSA on an annual basis. The maximum contribution limits for 2017 are shown in the chart to the right.

2017 Annual DCFSA Contribution Limits

Single or Married, filing joint tax returns	\$5,000
Married, filing separate tax returns	\$2,500

Deductions in 2017 can only be used for dependent day care expenses incurred January 1, 2017 – March 15, 2018. You can access funds by submitting a claim form to Custom Design Benefits for reimbursement. Claims must be submitted by March 31, 2018 in order to get reimbursed. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment. You have 90 days from your last date of employment (but not after 3/15/18) to submit claims for expenses.

Remember you must re-enroll every year! Click here to [enroll](#).

Eligible Dependent Care Expenses

Some of the dependent care expenses you can claim include:

- Licensed nursery school and day care centers for children under the age of 13;
- Licensed day care centers for disabled dependents and individuals who have the responsibility of providing care for your eligible dependents, either inside or outside your home. If outside your home, generally the provider must meet all licensing requirements.

Ineligible Dependent Care Expenses

IRS regulations do not allow reimbursements for dependent care expenses such as:

- Care not necessary for you (or your spouse) to work;
- Days when you do not meet the eligibility requirements;
- Care provided by your children who are under the age of 19 or by anyone you claim as a dependent for federal income tax purposes;
- Transportation, education, clothing or entertainment;
- Babysitting for social events.

Medical and Dependent Care FSA Reminder



Enrollment

You enroll in the Medical and Dependent Care FSA EVERY YEAR. Your 2016 elections will not carry forward to 2017.



Monthly Admin Fee

A \$3.00 monthly administration fee will be applied to your FSA. If you are enrolled in more than one, the fee will only be applied once.



Separation

If you leave City employment, you will have 90 days (but not after 3/31/18) to submit claims **for expenses incurred prior to** your separation date.

Did You Know?

You can check your account balance, deposits, reimbursements and track receipts online through the Custom Design Benefits website and mobile app?

Visit the website and create an account at myflexonline.com or download the MyFlex [iPhone](#) or [Android](#) mobile app today!

DENTAL

Council Members, Non-Represented, CODE and Building Trades



	AMOUNT
Deductible (Individual/Family)	\$50/\$150
Individual Annual Maximum	\$1,200
Preventive Services	Covered in full
Basic Services	Deductible, then pay 20%
Major Services	Deductible, then pay 20%
Orthodontia (up to age 19)	50% up to \$1,200

REMEMBER!

Any dependent between the ages of 19 and 24 **must have their eligibility verified EVERY year** or they will be terminated from the plan. Guardian will mail verification forms to your home. Please complete and return them IF your dependent is 19-24 years old and is a full time student or claimed on your Federal Taxes.

The Guardian dental plan offers both network and non-network benefits, however, you will pay less by staying in the network. To find a network provider visit www.guardiananytime.com and click on "Find a Dentist."

AFSCME

AFSCME employees will continue to receive dental benefits through their union. For information on the AFSCME Care Plan, please contact AFSCME at 513-641-4111.

Police

Police employees will continue to receive dental benefits through their union. For information on the FOP benefit, please contact the FOP at 513-381-2550.

Fire

Fire dental insurance is provided through Anthem at a monthly cost of \$9.32 for both single and family coverage.

	AMOUNT
Deductible (Individual/Family)	\$50/\$150
Individual Annual Maximum	\$1,000
Preventive Services	Covered in full
Basic Services	Deductible, then pay 20%
Major Services	Deductible, then pay 20%
Orthodontia (up to age 19)	50% up to \$1,000

REMEMBER!

Any dependent between the ages of 19 and 24 **must have their eligibility verified EVERY year** or they will be terminated from the plan. Anthem will mail verification forms to your home. Please complete and return them IF your 19-24 year old is a full time student or claimed on your Federal taxes.

Vision

Council Members, Non-Represented, CODE, Building Trades and Fire



	AMOUNT
Vision Exam	\$10 copay, once per 12 months
Standard Plastic Lenses Single/Bi-Focal/Tri-Focal	\$0 copay / \$10 copay / \$45 copay All once per 12 months
Frames	\$50 allowance, once per 24 months
Contact Lenses	\$100 allowance
Lens Upgrades	Discounts
Maximum Annual Benefit	\$100 per covered member per year

We encourage you and your family to take advantage of your Anthem coverage for all routine eye screenings. The benefit is paid at 100% to Anthem in-network providers. Utilizing Anthem for this benefit will save your entire EyeMed benefit to use towards glasses and contacts.

The EyeMed vision plan offers both network and non-network benefits, however, you will pay less by staying in the network. To find a network provider visit www.eyemedvisioncare.com and click on "Find a Provider."

The providers below are typically included in the EyeMed SELECT network:



LENSCRAFTERS



AFSCME

AFSCME employees will continue to receive vision benefits through their union. For information on the AFSCME Care Plan, please contact AFSCME at 513-641-4111.

Police

Police employees will continue to receive vision benefits through their union. For information on the FOP benefit, please contact the FOP at 513-381-2550.

LIFE AND LONG-TERM DISABILITY



Non-Represented, AFSCME, CODE, and Building Trades

Life Insurance and long-term disability aren't fun things to think about, but they are the best way to protect those who depend on you for financial support.

Voluntary Life Insurance from The Hartford

The City of Cincinnati offers supplemental, spousal, and dependent life insurance plans for you to choose from. Individuals can apply for amounts of coverage up to the plan maximums shown below. You must enroll through [BenSelect](#). Instructions for enrolling via [BenSelect](#) can be found below and on **Page 2**.

WHAT YOU CAN APPLY FOR

BENEFIT	AMOUNT
Employee	Up to \$300,000 or six times the employee's annual salary; whichever is less
Spouse/Equal Partner	Up to the employee's election (if the employee is Non-Represented or in CODE, also include the \$50,000 Basic policy)
Child(ren) Up to age 26	\$2,000; \$5,000 or \$10,000

A \$2.00 monthly administration fee applies to the life and long term disability plan. If you are enrolled in both plans, you will only be subject to one monthly fee. If you are enrolled in a Flexible Spending Account, you will not be charged the monthly fee for the life or disability.

EVIDENCE OF INSURABILITY

You may be required to complete evidence of insurability (EOI) and go through medical underwriting to qualify for coverage.

PREMIUM

You pay for the entire cost of the voluntary life plan. Cost is based on age, the amount of coverage that you purchase, and tobacco use of the employee.

Voluntary Long-Term Disability (LTD) from The Hartford

Long-term disability insurance is income replacement in the event that you are unable to work for an extended period of time due to illness or injury. Non-Represented, AFSCME, CODE and Building Trades employees are eligible to apply for the long-term disability plan.

HOW IT WORKS

The long-term disability plan pays 60% of your monthly income up to the plan maximum of \$6,000. The plan has a 90-day elimination period. This means that the benefits will begin to pay on the 91st day of your disability. Benefits are not guaranteed. All benefits must be approved by The Hartford.

PREMIUM

Premiums are determined by your age, employee group and salary.

Login to Enroll

Website: <https://enroll.thehartfordatwork.com/Enroll/>

Log In ID: the first letter of your first name and the first letter of your last name followed by the last four digits of your social security number.

PIN: Use the first letter of your first name and the first letter of your last name followed by your eight-digit date of birth (MMDDYYYY).

John Smith SSN: 302654321 DOB: August 1, 1963	
Log In	js4321
Pin	js08011963

Healthy Lifestyles



Healthy Lifestyles is a voluntary wellness program that encourages and rewards employees and their spouses/equal partners for making positive choices for better health. Each participant can earn up to \$500/year by meeting certain health measures and completing programs in health education, weight management, preventive care, physical activity and other lifestyle programs. Incentives earned will be deposited into your Custom Design Benefits Health Reimbursement Account after February 1st of the following year.

Healthy Lifestyles staff works with an Employee Wellness Committee to provide a variety of on-site health screenings, educational classes and other programs for which you can earn credits. These events are marketed through monthly Healthy Lifestyles Newsletter, fliers, e-mails and word of mouth. For more information, or to enroll in the Healthy Lifestyles program, go to: <https://www.trihealthcorporatewellness.com>

Eligibility and Enrollment

City employees and their spouses/equal partners who are enrolled in the City's Anthem 80/20 plan are eligible to participate in the Healthy Lifestyles Program. Employees who are enrolled in the City's integrated HRA plan with J&K are eligible to enroll in Healthy Lifestyles, but their spouses/equal partners are not.

Earning Cash Incentives

NEW for 2017 – In order to earn the incentives for participation in Healthy Lifestyles, **employees must be enrolled** in either the City's Anthem 80/20 plan or the Health Reimbursement Arrangement through J & K Consulting. If you are enrolled in the 80/20 plan through another City employee, you still qualify to earn incentives.

Incentives earned toward Healthy Lifestyles in 2016 will be deposited into your account in February 2017. Funds will only be deposited into your account in 2017 if you and/or you spouse/equal partner are enrolled in the City's Anthem 80/20 plan or you are enrolled in the Health Reimbursement Arrangement in January 2017.

If you or your spouse/equal partner are no longer covered by the City's 80/20 plan in January 2017, you will not be able to collect the earned incentives on his/her behalf from the 2016 plan year.



Diabetes & Hypertension Coaching

The City of Cincinnati and Healthy Lifestyles partner with Kroger to assist those diagnosed with diabetes and/or hypertension to better manage their conditions. The program is available to employees and their dependents, age 18 or older, who are enrolled in the City's Anthem 80/20 health plan. Participants in the program receive:

- Individual counseling sessions from a specially trained Kroger Pharmacist
- **Waiver of your drug copays for medications related to diabetes, hypertension and cholesterol**
- **\$100 incentive toward your Healthy Lifestyles account**

To enroll in the Kroger Diabetes & Hypertension Coaching Program, call 1-888-242-5841.

****New Healthy Lifestyles Wellness Portal****

<https://www.trihealthcorporatewellness.com>

If you haven't already registered for the ****NEW**** portal, you **MUST** do so to gain access. To access the wellness portal use the following credentials:

Employee User Name

COC+employee id+1

Ex. "COC456781"

Spouse/Equal Partner User Name

COC+employee id+2

Ex. "COC456782"

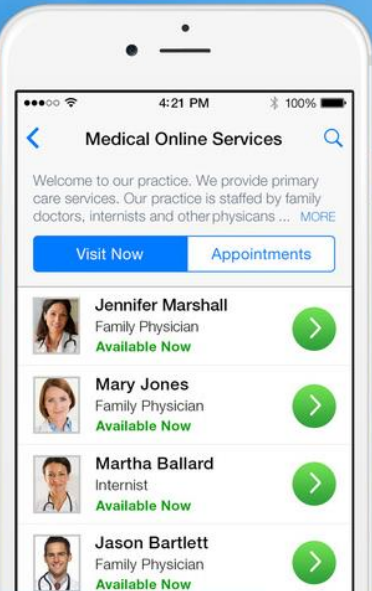
Your password must be a minimum of 8 characters and must contain 1 capital letter and 1 number

RESOURCES

LiveHealth Online for Medical and Mental Health Visits:

Doctor visits and prescriptions 24/7 from the comfort of your own home!

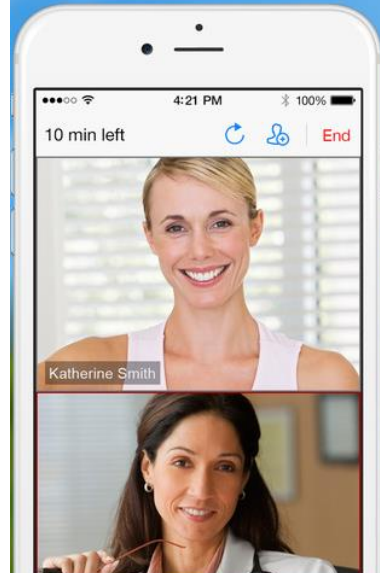
See who's available



Check their profiles and
patient ratings



See the doctor and
get better



Sign up for
LiveHealth Online
by visiting
livehealthonline.com
or download the
mobile app for
Android or
iPhone!

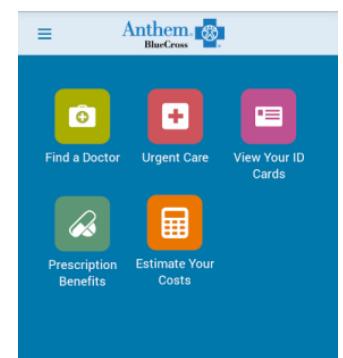
LiveHealth Online allows you to video chat with a board certified physician who can answer questions, make a diagnosis and even **prescribe medications if needed**. Use LiveHealth Online for minor (non-chronic) illnesses such as :

★ cold/flu symptoms ★ cough ★ fever ★ headaches ★ allergies ★ sinus infections ★ UTIs

LiveHealth Online also offers you access to a psychologist or therapist who can assist if you are experiencing symptoms related to stress, anxiety or depression. LiveHealth Online costs **less than \$10 if you have already met your deductible!** If you cannot be treated online, you will not be charged.

Anthem Website & Mobile App

The Anthem website is your one stop shop for your medical benefits. On the Anthem website you can: review your benefits, find a network doctor, check claims and download explanation of benefits, get a temporary copy of your ID card, and estimate your costs. If you're not already registered on the Anthem website, visit www.anthem.com and click on "Register Now."



On the go? The Anthem mobile app has many of the same features as the website! You can download the mobile app for [iPhone](#) or [Android](#).

CONTACT INFORMATION



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Anthem 

Group Number: 00109613 / www.anthem.com / 1-800-887-6055

GRP: COCACT / BIN: 610494 / PCN: 9999

www.OptumRx.com / 1-855-385-9357

Specialty: www.BrioRx.com or 1-855-4BRIOVA



coc.jandkcons.com

1-877-872-4232

Group Number: 9731894

www.eyemed.com / 1-866-723-0514



GUARDIAN®

Group: G-396177 / www.guardiananytime.com / 1-800-541-7846

Policy No.: GLT-675562

<https://enroll.thehartfordatwork.com/Enroll/>

BenSelect: 1-855-EZ-NROLL (855-396-7655)

Customer Service: 1-800-523-2233



Custom Design Benefits www.myflexonline.com / 513-598-2929

Contact the AFSCME Care Plan at 513-641-4111
for information on dental and vision.



Contact the FOP at 513-381-2550 for information
about dental and vision.

HEALTHY LIFESTYLES



The Healthy Lifestyles Program is coordinated through TriHealth Corporate Health. All Protected Health Information (PHI) will be kept confidential by program staff. The City of Cincinnati will not have access to PHI and will only review program information in aggregate form.

Liz Ponzer

Healthy Lifestyles Coordinator

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Amy Driscoll

Healthy Lifestyles Specialist

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INDEX OF FORMS AND NOTICES

Health Reimbursement Arrangement (HRA) Forms

HRA Enrollment Form

HRA Attestation Form

HRA Flow Chart

HRA Claim Form

Health Insurance Forms

Health Insurance Enrollment Form

Health Insurance Waiver

Affidavit of Declaration of Financial Interdependence

Extension of Dependent Coverage Form

Medicare Secondary Payer – Employee Status Form

Notices

Summary of Benefits and Coverage (Anthem)

Summary of Benefits and Coverage (Integrated HRA)

Women's Health and Cancer Rights & Special Enrollment

Michelle's Law & Grandfather Status Notice

CHIP Notice

COBRA Letter

HIPAA Privacy Notice

Medicare Part D Notice of Creditable Coverage

Glossary of Medical Terms